



# GRANITE FALLS SCHOOL DISTRICT SHARED LEAVE PROGRAM

## Application to Receive Shared Leave

*Submit to Human Resources*

I, \_\_\_\_\_, am making application to receive \_\_\_\_\_  
*Print Name and GFEA OR PSE*  
days of shared leave under Granite Falls SD shared leave program for the \_\_\_\_\_ work year.

I understand that in order to participate in the shared leave program:

1. I must be on an approved leave of absence by Human Resources, and
2. I am (or a relative or household member is) suffering from an **extraordinary, severe or life threatening** illness, injury, impairment, physical or mental condition; and
3. I have diligently pursued and have been found ineligible to receive industrial insurance benefits; and
4. I am not receiving compensation under the district's long-term disability plan;
5. I have abided by the district's sick leave policies and have depleted or will shortly deplete my annual leave (vacation) and/or sick leave reserves; and
6. I have not received more than 261 days of shared leave during my total employment by the state of Washington or any state agencies, including employment by other school districts within the state; and
7. My condition will soon cause me to go on leave without pay or to terminate district employment; and
8. I have provided documentation from a licensed physician or authorized health care practitioner verifying the severe, extraordinary or life threatening nature and expected duration of the condition

I also understand that all donations must be given voluntarily and that I will not coerce, threaten, intimidate, or financially induce my co-workers into donating sick or annual leave.

Relative or household member, if applicable: \_\_\_\_\_

Employee signature: \_\_\_\_\_ Date: \_\_\_\_\_

### FOR HR USE ONLY

- Employee is in a position which uses sick leave or annual leave
- Employee has abided by district policies and procedures regarding sick leave use
- Employee is not eligible for time loss compensation under RCW 51.32
- Employee's leave have been approved by Human Resources
- Employee is not receiving compensation under the district's long-term disability plan
- Other forms of paid leave have been, or soon will be, exhausted and the employee has or will soon go on leave without pay or must terminate employment
- Condition meets the criteria defined in number 2 above
- Medical documentation has been received

Approved  Disapproved Reason: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Copy to Payroll